

Please type a plus sign (+) inside this box → [ ]

Approved for use through 10/31/2002 UMB 2651 02 02  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	ORAL SEKENDUR
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	12-29-00
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**One-Piece Disposable Dental Articulator**

(Title of the invention)

the specification of which

☒ is attached hereto  
or

☐ was filed on (MM/DD/YYYY):

as United States Application Number or PCT International

Application Number:

and was amended on (MM/DD/YYYY):

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 363(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/076 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/020 attached hereto.

(Page 1 of 2)

Bestand Hour Statement: This form is estimated to take 24 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

12-29-00



Please type or print legibly inside this box.

Approved for use through 10/31/2007 CMB 0621 0512  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to		Customer Number or Bar Code Label	<input checked="" type="checkbox"/> Correspondence address below
Name <b>ORAL SEKENDUR</b>			
Address <b>399 W. FULLERTON PKWY</b>			
Address			
City <b>CHICAGO</b>	State <b>IL</b>	ZIP <b>60614</b>	
Country <b>USA</b>	Telephone <b>773 880-5574</b>	Fax <b>773 880-5574</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any)) <b>ORAL FATIH</b>		Family Name or Surname <b>SEKENDUR</b>	
Inventor's Signature		Date	
Residence: City <b>CHICAGO</b>	State <b>IL</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>399 W. FULLERTON PKWY.</b>			
Mailing Address			
City <b>CHICAGO</b>	State <b>IL</b>	ZIP <b>60614</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional inventor(s) sheets; PT/USB/02A attached hereto.			

(Page 2 of 2)

12-25-00

